PRINTED: 05/05/2016 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) F ROVIDERISUPPLIERICLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 . MAIN 445502 B. WING 05/02/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 202 ENON SPRINGS ROAD EAST CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC SMYRNA, TN 37167 SUMMARY STATEMENT OF DEFICIENCIES (EACH PROVIDER'S PLAN OF CORRECTION (X4)1D COMPLETION DEFICIENCY MUST BE PRECEDED BY FUII (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGUIATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) **Corrective Actions for Targeted** K045 Residents NFPA 101 LIFE SAFETY CODE STANDARD K 045 SS=D Illumination of means of egress, including exit On 5/9/16, the Maintenance Director discharge, is arranged so that failure of any single replaced the batteries in the lighting fixture will not leave the area in darkness. Exit/Emergency lights outside room Lighting system shall be either continuously in 301, 311, and in the Physical Therapy operation or capable of automatic operation 11 without manual intervention. 18.2.8, 19.2.8, 7.8 Identification of Other Residents with This STANDARD is not met as evidenced by: Based on observations, the facility failed to Potential to be Affected ; illuminate the exits access. On 5/9/16, the facility Maintenance The findings included: Director inspected the Exit/Emergency lights for compliance. Exit/Emergency lights were found to be in compliance Observation on 05/02/2016 at 02:54PM, revealed the exit/emergency lights in the following with NFPA 101. locations were not operating properly: Systematic Changes Outside room 301 Outside room 311 b. compliance Measures to assure Outside the physical therapy gym include a monthly audit by the National Fire Protection Association (NFPA) 101, Maintenance Director the 7.9.1.1 (2000 Edition) Exit/Emergency lights to correct and proper operation and These findings were verified and acknowledged compliance. by the administrator during the exit conference on Monitoring 05/02/2016. Results of these audits will be reported monthly by the Maintenance Director to the Quality Assurance Performance Improvement (QAPI) Committee for Review and Recommendations. The Executive Director and Maintenance follow Director will up recommendations from the OAPI Committee to assure compliance.

ECUTIVE Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days

following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans or correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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LABORATORY DIRECTORS OF FROVIDERISUPPHER REPRESENTATIVE'S SIGNATURE

Event ID9RS721

Facility ID: TN7609

TITLE

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PRINTED: 05/05/2016 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO 0938-0391 CENTERS FOR MEDICARE, & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) F ROVIDERISUPPLIERICLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 . MAIN 445502 B. WING 05/02/2016 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 202 ENON SPRINGS ROAD EAST CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC SMYRNA, TN 37167 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION OATE SUMMARY STATEMENT OF DEFICIENCIES (EACH (X4)1D PREFIX DEFICIENCY MUST BE PRECEDED BY FUII REGUIATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Monitoring (Continued) K045 Continued K 045 SS=D The Quality Assurance Performance Improvement (QAPI) Committee consists of the Executive Director, Medical Director, Director of Nursing, Asst. Director of Nursing, Dietary Manager, Housekeeping Supervisor, Medical Records Coordinator, Social Services Director, Activities Director, Business Office Manager, Human Resources Manager, Maintenance Director and Rehab Manager and MDS 5-9-2016 Coordinator.

LABORATORY DIRECTORS OF PROVIDENCE THE THE	82 I Y W	7/	.1		F 144 1 0
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Any deficiency statement ending with an asterisk (*) denot other safeguards provide sufficient protection to the patient following the date of survey whether or not a plan of correct days following the date these documents are made available.	ts. (See Instructions.) Exce	ng homes, the above findings ar	d pla	ns or correction are	e disclosable 14

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program participation.

Event ID9RS721

Facility ID: TN7609

TITLE

LABORATORY DIRECTORS OR PROVIDERISUPPLIER REPRESENTATIVE'S SIGNATURE

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/05/2016 FORM APPROVED

OMB NO 0938-0391 (X1) F ROVIDERISUPPLIERICLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 . MAIN 445502 B. WING 05/02/2016 STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER OR SUPPLIER

CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC

202 ENON SPRINGS ROAD EAST SMYRNA, TN 37167

SUMMARY STATEMENT OF DEFICIENCIES (EACH (X4)1D DEFICIENCY MUST BE PRECEDED BY FUII PRFFIX REGUIATORY OR LSC IDENTIFYING INFORMATION) TAG

PREFIX TAG

K 062

PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION

K 062 NFPA 101 LIFE SAFETY CODE STANDARD SS=D Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5

This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the sprinkler system.

• The findings included:

Observation on 05/02/2016 at 1:41 PM, revealed an escutcheon plate missing in room 308, the bath room of 201, and the soiled linen room in laundry. NFPA 13, 3-2.9 (1999 Edition); NFPA 101, 19.3.5.1 (2000 Edition); NFPA 101, 9.7.1.1 (2000 Edition).

These findings were verified and acknowledged by the Administrator during the exit conference on 05/02/2016.

Corrective Actions for Targeted Residents

On 5/12/16, the escutcheon plate missing from room 308, the bath room of 201, were replaced by the Maintenance Director. escutcheon plate in the soiled linen room in the laundry was ordered on 5/12/16 and will be replaced by 5/23/16.

Identification of Other Residents with Potential to be Affected

5/9/16, facility On the Maintenance Director Inspected the sprinkler system escutcheon plates and found them to be in compliance with NFPA 101.

Systematic Changes

Measures to assure compliance include a monthly audit by the Maintenance Director of the escutcheon plates to assure that the plates are in place and in compliance.

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Any deficiency statement ending with an asterisk (•) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans or correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567 (02-99) Previous Versions Obsolete

Event ID9RS721

Facility ID: TN7609

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 445502 NAME OF PROVIDER OR SUPPLIER CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC SYMPKINA, TN 37167 CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC SYMPKINA, TN 37167 CHRISTIAN CARE CENTER OF RUTHERFORD COUNTY LLC SYMPKINA, TN 37167 REGULATORY OR LOG IDENTIFYING INFORMATION) REGULATORY OR LOG IDENTIFYING INFORMATION K 062 Continued K 063 Continued K 063 Continued Con			AND HUMAN SERVICES				NTED: 05/05/2016 FORM APPROVED B NO 0938-0391
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THE STORE OF THE PROPERTY OF T	SS=D				reported Maintenance Quality As Improvement for Review The Exect Maintenance up on reco QAPI Concompliance Performance Committee Executive Director Manager, Supervisor, Coordinato Director, Business Of Resources Director an MDS Coord	monthly by the ce Director to the ssurance Performance and (QAPI) Committee and Recommendations cutive Director will follow mmendations from the mittee to assured to the Quality Assurance and Records of Nursing, Dietary Housekeeping Medical Records Activities Director of Records Activities Director Manager, Maintenance and Rehab Manager and	
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans or correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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Event ID9RS721

Facility ID: TN7609

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED; 0510512016 FORM APPROVED OMB NO 0938-0391

STATEMENT	OF DEFICIENCIES F CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE A.BUILDING 01	CONSTRUCTION	(X3) DATE SURVEY
		445502	в. WING		05/02/2016
NAME OF I	PROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE	
CHRISTI		F RUTHERFORD COUNTY LLC		2 ENON SPRINGS ROAD EAST AYRNA, TN 37167	
(X4)1D PREFIX TAG	SUMMARY (EAST) DEFICIENC REGUIATORY OR L	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	ON (X5) D BE COMPLETIO PRIATE DATE
∗K 130		LLANEOUS	K130	Corrective Actions for Targeted Ro	esidents
SS=D	OTHER LSC DEF	ICIENCY NOT ON 2786		On 5/6/16, the facility Main	tenance
	This STANDARD i	s not met as evidenced by:		Director repaired the fire doors	at room
	NFPA 80, 15-1.2 (Operability, Doors, shutters, be operable at all times. They		207. They now latch properly.	
	shall be kept close	ed and latched or arranged for			
	automatic closing.		1	Identification of Other Resident Potential to be Affected	s with
	NFPA 101, 4.4.2.	1 A prescriptive-based life		Potential to be Affected	
19	Safety design sha	all be in accordance with h 4, Chapters 6 through		On 5/6/16, the Maintenance	Director
	11 and the applic	able occupancy Chapters 12		inspected facility fire doors for cor	mpliance
	Through 42 of this	Code.		and found fire doors to be in cor	mpliance
	NFPA 1018.2.3.	2.1 Door assemblies in fire		with NFPA 80 and 101.	Ĭ
	barriers shall be of	f an approved type with the			
i _r	appropriate fire pr	otection rating for the location		Systematic Changes	
	comply with the fo	e installed and shall	16		neluda a
	(a) *Fire doors sh	all be installed in accordance	1	Measures to insure compliance in monthly audit by the Mair	
	with NFPA 80, Sta	andard for Fire doors and Fire	1	Director of the fire doors to assure	e correct
	Windows, Firedoors	shall be of a design that has been		and proper operation and complia	
	Tested to meet the con	nditions of acceptance of NFPA 252,			3
	Standard Methods of I	Fire Tests of Door Assemblies.		Monitoring	1
		s the facility failed to comply with the	I	Results of these audits will be	reported
	Life Safety Code.		ř	monthly by the Maintenance Di	rector to
	The findings had ideal		ı	the Quality Assurance Perf Improvement (QAPI) Commit	
	The findings included:		*	Review and Recommendations	. The
÷.	L Observation on 05/02	2016 at 2:54 PM, revealed the fire doo	rs	Executive Director and Main	ntenance
	Byroom 207 did not k	atch property within the frame. NFPA 8	<u></u>		p on
	15-1.2 (1999 Edition);	NFPA 101, 4.4.2.1 (2000 Edition);	1	recommendations from the	. QAPI
	NFPA 101 8.2.3.2.1 (2	2000 Edition).	1	Committee to assure compliance.	1
	This finding was verified During the exit confere	ed and adknowledged by the administra ence on 05/02/2016.	ator !		
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FORM CMS-2567 (0M:19) Previous Versions Obsolete

Event ID:9RS721

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED; 0510512016 FORM APPROVED OMB NO 0938-0391

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ě		445502	в. WING			05/0	02/2016
**************************************	ROVIDER OR SUPPLIER N CARE CENTER O	F RUTHERFORD COUNTY LLC		20	TREET ADDRESS, CITY, STATE, ZIP CODE 12 ENON SPRINGS ROAD EAST MYRNA, TN 37167		
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FORM CMS-2567(0M:19) Previous Versions Obsolete

Event ID:9RS721

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE, & MEDICAID SERVICES

PRINTED: 05/05/2016 FORM APPROVED OMB NO 0938-0391

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER SUPPUERICLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING 01 • MAIN			(X3) DATE SURVEY COMPLETED	
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K 147 SS=D		FETY CODE STANDARD	K 147	Corrective Actions for Targ Residents	geted	
£	Accordance with Na (NFPA 99) 18.9.1, 1 This STANDARD is	not met as evidenced by: ons, the facility to maintain n.		On 5/11/16, the Maintenance Director inst new junction box cover in 109. In room 112 and Medication room, the electrical box was secured wall.	n room A-Wing loose	3
	revealed a junction 109. NFI NFPA 101, 19. 9.1.2 (2000 Ed 2. Observation or revealed an ele in room 112 and NFPA 70, 370-2	05/02/2016 at 1:20 PM, ction box cover missing in PA 70, 370-28© (1999 Edition); 5.1 (2000 Edition); NFPA 101, ition) n 05/02/2016 at 1:24 PM, ctrical box loose from the wall d A-Wing Medication room. 28© (1999 Edition); NFPA 101, dition); NFPA 101, 9,1.2 (2000		Identification of Other Resignation of Other Resignation of Other Resignation with Potential to be Affective of State of State of State of State of Other Resignation of Other Resignation of State of Other Resignation of	facility cted all ags for found d plugs	
ė	These findings wer by the administrato 05/02/2016.	re verified and acknowledged r during the exit conference on		Systematic Changes Measures to assure cominclude a monthly audit Maintenance Director of electrical covers and plugs to correct and proper operations of the compliance.	ppliance by the of the	
		9				

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE, & MEDICAID SERVICES

PRINTED: 05/05/2016 FORM APPROVED OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDERISUPPUERICLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING 01 • MAIN				(X3) DATE SURVEY COMPLETED	
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K 147 C	Continued		K 14	7	Coordinator, Social Se	the uality nance ee for . The nance on QAPI nance nittee ector, e of rsing, eping cords rvices ector, uman nance	5/11/2016
**					MDS Coordinator.		

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